

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006606**

1. Corporation Name

R.A.I.N. OF PALM BEACH COUNTY, INC.

Principal Place of Business

2200 AVE. F.
RIVIERA BEACH FL 33404

Mailing Address

2200 AVE. F.
RIVIERA BEACH FL 33404

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2001

5. FEI Number

02-0557697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PARRISH, LEROY REV.	1354 W. 28TH ST.	RIVIERA BEACH FL 33404
D	KNIGHTON, BETTYE W	2200 AVE. F.	RIVIERA BEACH FL 33404
D	GLENN, DEBORAH	1533 6TH ST.	WEST PALM BEACH FL 33401
D	DUPONT, KIMBERLY	1533 6TH ST.	WEST PALM BEACH FL 33401
D	PLEASANT, MARGARET	1172 W. 37TH ST.	RIVIERA BEACH FL 33404
D	PARRISH, ANITA	1354 W. 28TH ST.	RIVIERA BEACH FL 33404

8. Name and Address of Current Registered Agent

KNIGHTON, BETTYE W
2200 AVE. F.
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Bettye W. Knighton
REGISTERED AGENT MUST SIGN

Date

October 9, 2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 561 845 1921

CR20040 (7/03)